

# CALIFORNIA HAZARDOUS WASTE MANIFEST

See reverse side for Instructions.  
Please type or print clearly. Press Hard.

State Department of Health Services  
HAZARDOUS MATERIALS MANAGEMENT SECTION  
744 P Street, Sacramento, CA 95814

① Manifest Number **015-002370**

<b>GENERATOR</b>	(Generator Must Complete) <b>ALUMINUM COMPANY OF AMERICA</b> <b>VERNON WORKS</b>	③ Designated TSD Facility (Authorized to operate under an approved state program or federal program) <b>OPERATING INDUSTRIES, INC.</b>	④ Alternate TSD Facility SFUND RECORDS CTR 999000402 <b>INC.</b>
② Name	<b>VERNON WORKS</b>	Name	<b>CHEMICAL WASTE MANAGEMENT</b>
EPA NO.	<b>CAD074126681</b>	EPA NO.	<b>CAT080012024</b>
Address	<b>5151 ALBUA AVE.</b>	Address	<b>P.O. BOX 1104, 403 W. ELM AVE</b>
City, State, Zip	<b>VERNON CA 90058</b>	City, State, Zip	<b>COALINGA, CA 93210</b>

⑤ U.S. DOT PROPER SHIPPING NAME	U.S. DOT HAZARD CLASS	UN/NA ID NO.	WEIGHT OR VOLUME	UNITS	CONTAINERS NUMBER:
WASTE					TYPE: <input type="checkbox"/> DRUMS <input type="checkbox"/> BAGS <input type="checkbox"/> CARTONS
WASTE					<input type="checkbox"/> TANK TRUCK <input type="checkbox"/> DUMP TRUCK
					<input type="checkbox"/> OTHER

⑥ WASTE CATEGORY <b>47 &amp; 48</b>	⑦ EX. HAZ. WASTE PERMIT NO.	⑧ GENERATING PROCESS <b>ALUMINUM FABRICATION</b>
LIST COMPONENTS:	CONC. UPPER	RANGE LOWER
⑨ A.		UNITS
B.		
C.		
D.		
⑩ WASTE PROPERTIES: pH <b>7</b>	<input type="checkbox"/> Toxic	<input type="checkbox"/> Flammable
⑪ PHYSICAL STATE: <input type="checkbox"/> Solid	<input checked="" type="checkbox"/> Liquid	<input checked="" type="checkbox"/> Sludge
⑫ SPECIAL HANDLING INSTRUCTIONS: <input checked="" type="checkbox"/> Gloves	<input type="checkbox"/> Goggles	<input type="checkbox"/> Respirator

GENERATOR CERTIFICATION: This is to certify that the above named materials are properly classified, described, packaged, marked, labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and EPA.

IN THE EVENT OF A SPILL, CONTACT THE NATIONAL RESPONSE CENTER, U.S. COAST GUARD 1-800-424-8802

⑬ *James J. ...* Signature of Authorized Agent and Title **8-1-05-02** Date Shipped

<b>TRANSPORTER</b>	(HAULER MUST COMPLETE)	⑮ PICK-UP DATE
⑭ NAME	<b>ASBURY OIL CO.</b>	TIME <input type="checkbox"/> AM <input type="checkbox"/> PM
EPA NO.	<b>CAD028277036</b>	
ADDRESS	<b>13419 Halldale Avenue</b>	
CITY, STATE, ZIP	<b>Gardena, California 90249</b>	

<b>TSD FACILITY</b>	(FACILITY-OPERATOR MUST COMPLETE)	⑮ HANDLING OR DISPOSAL METHOD:
⑰ NAME	<b>OPERATING IND</b>	<input type="checkbox"/> Surface Impoundment <input checked="" type="checkbox"/> Landfill
EPA NO.	<b>CAT080012024</b>	<input type="checkbox"/> Injection Well <input type="checkbox"/> Land Treatment
PHONE NO.		<input type="checkbox"/> Treatment (Specify)
⑳ INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT:		<input type="checkbox"/> Recovery or Reuse <input type="checkbox"/> Storage/Transfer
IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY:		
㉑ NAME		
EPA NO.		

⑬ *James J. ...* Signature of Authorized Agent and Title

⑮ *2/10/81* Signature of Authorized Agent and Title

⑯ **5-2-81** Date Accepted